Health Education England

Nursing Associate Case Study
Monet Ward

Left to right: Yinka Onadeko, Adjoa Nsiah-Jennings

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Monet Ward – North East London Foundation Trust

Monet Ward is an inpatient mental health unit for adult males, aged 18 and over, in North East London.

Q&A with Yinka Onadeko, Nursing Associate (NA)

How long have you worked in the team?

I joined the Monet Ward team in 2015 as a Healthcare Assistant (HCA), I then went to the District Nursing team in 2016 as I had always had an interest in physical health. I then applied and started on the Trainee Nursing Associate (TNA) scheme in 2017 and returned to Monet ward to do my training, I qualified as an NA in January 2019 and remain on Monet Ward.

What are your day to day tasks?

I do medication, at times I attend ward reviews and MDT meetings. My team sees me as the person to go to with issues around physical health, so for example when patients are scoring on the NEWS2 chart, people are seeking me out for advice. The respect I receive from colleagues amazes me and I feel humbled, the manager says I am the link worker for physical health on the ward. Another example would be that I take the lead with patient's that are incontinent, there may be a patient that needs help to use pads, I show staff how to manage the situation; how to clean the patient and give reassurance. I take physical observations and bloods. This is the beauty of the NA role; every MH ward needs at least one because of the physical health support they can provide. A lot of people that work in mental health have lots of experience in that field, but sometimes there are gaps in their physical health knowledge. The NA role fills that gap.

What value does the NA role bring to the team?

It is the change our mental health unit needs with regards to valuing physical and mental health on the same level. For example, in university we were taught a different way to do clinical documentation, for every patient we cover the A-G physical observation assessment. We used to think that because we worked in mental health, we are not going to do it, but when you bring that idea into the team you see a difference. I have had comments that my documentation is very robust, that it's factual and it covers everything.

Does the NA role improve patient care? If so, why?

The Nurses are run off their feet and our role is to assist them. We have more time to interact with patients. So, for example, while the Nurse's deal with a new admission, I go and speak to the new patient, making them feel welcome on the ward and saying, 'tell me about yourself'. It makes a good and lasting impression, right from the first contact. I ask what their problems are, what are you angry about and what is causing them to feel agitated. I also have more time to talk to the family if the patient agrees that it is ok for me to speak to them.

Do you feel training course prepared you for this role?

Yes, they taught us about being assertive, this role is here to stay, we are here to make a difference and we are going to make a difference. We didn't really know what to expect when we started, there was more than one occasion that I said to my tutor at university that I need to

stop, I didn't bargain on what work it entails. It's very intense, sometimes you go to some placements that are not very friendly or helpful. But we got through it.

How does the NA support the Nurse's with their role?

Sunflowers Court, Goodmayes Hospital

If the Nurse doesn't have time to do something, I will do it. I appreciate the tremendous work that Nurse's do and I am there to support them, in which ever way I can. I give it my all to make sure the shift runs well, which includes ensuring all my documentation is completed. I have the advantage of having been a secretary in another life, so I feel comfortable with paperwork.
The Nurse's delegate making additions to careplans to me, I talk to the patient and get to know them and that informs what I write, I then discuss the changes with the team. Nurse's also delegate clinical tasks such as giving medication and ordering supplies. With physical observations I coordinate to make sure they are done, especially in the case of someone that needs it done more frequently than the norm. The Nurse's delegate a fair bit to me and I'm happy to do it.

How does the NA differ from an HCA?

HCA's don't do medication, they don't do care plans and risk assessments. The HCA's on our team are very experienced and assertive, but I have the confidence to put the things I find in writing. The HCA's come and run things past me, if I am unsure or it is not within my competency then we all go to the Nurse, which ultimately saves the Nurse time.

Have senior staff been supportive with the role? If so, what support did they provide?

NELFT's management have been fantastic, students that have come to do placements here have now joined the bank. Any issues get dealt with promptly, if you send an email someone will deal with it so it feels like we are a team. Management were very proactive, helpful and supportive in every area. I have a preceptor and a supervisor that checks my work, my supervisor is tremendous. I see myself as still training, I am learning from the qualified Nurse all the time.

How were the team feeling about the role when it was first announced an NA would be coming to the team?

Nobody knew what it was, I didn't even know what it was when I applied. Everybody has been very supportive of any clinical support worker that wants to develop themselves, my team is wonderful and I feel a huge amount of loyalty to them. From the time I joined the ward in 2015, everyone was telling that I would be a good Nurse, so they really supported me with my training, they are happy that I have developed. When I started the course I didn't know what it would lead to because we were the first in the county. We are still learning as the role continues to evolve and people are still being informed.

Have there been any difficulties implementing the role?

I am still dealing with people that don't understand the role, I still get people saying, 'what is it you do again?' We were the first TNA's to come through, there was a lack of awareness from colleagues and managers, but with the support of the NA team, we have tackled issues and

disseminated information, so it was hard but it's slowly getting easier. Another issue was that when we first finished, we did not have our NMC Nursing Associate PIN for 3-4 months, so I worked as an HCA. When we did eventually get our PIN, we were still on the HR system as HCA's so I couldn't have NA shifts, I emailed the manager and they quickly got it sorted for me. Since then it's been good. We have had to be assertive with the role and now in this trust it is working. We are here and we are recognised!

Q&A with Adjoa Nsiah-Jennings, Practice Experience Programme Manager (Preceptorship, Rotational Nurse's & Nursing Associates)

Do you think the training prepared the NA for the role?

If you think about The Shape of Caring Review (March 2015) it identified a gap between HCA's and Nurses. What I'm hearing from NA's is that they were completing tasks before their training and they didn't know why they were doing it. The OSCE's that they do now include robust A-G physical assessments and pharmacology. They didn't have the anatomy and physiology knowledge to understand why things were happening to a patient. It's a really tough programme, it's not for the faint hearted, working full time and studying is really intense. The beauty of work-based learning is that you know what it's like to work in services as a full-time employee, counted in the numbers. It is important that as a trust we make sure that the support is in place so that the TNA's can succeed.

How does the NA differ from a qualified Nurse?

The Nurse will always take the lead on the care. For example, initial assessments, care plans and risk assessments should always be completed by a Nurse, however Yinka has the ability to support and deliver the care that has been delegated to her and she is accountable for the care she undertakes. If a patient is more settled and been on the ward a few weeks, then Yinka may update the risk assessment and refer it back to the Nurse to check, she is never the named Nurse but the Associate Named Nurse.

How have you decided the NA's scope of practice?

Best practice is that scope of practice is signed off on their competencies. If Yinka decided that she wanted to go into health visiting for example, then her competencies would need to be relooked at, because although she would bring lots of skills, she may need a refresher for some things. Going forward it's definitely about making sure that NA's keep their skills fresh in all areas. When they finish training, they have everything, we just need to make sure they keep up to date.

Would you recommend the NA role to colleagues? If so, why?

The programme is amazing because it gives TNA's exposure to all fields of Nursing (mental health, physical health, learning disability and children's). At NELFT this is something we value as it allows NA's to work in a variety of settings when they qualify and continues to grow a diverse workforce. I have HCA's on the wards that have been there for 20 years and they never thought they would get an opportunity like this, maybe they didn't have their maths and English and they thought this is it, this is where I'll be for the rest of my career. This apprenticeship programme has enabled them to see what else is out there for them, it opens up training for

people that are very competent and able and allows them to train and develop in a different way. So, for example, if a person in a Mental Health setting requires basic wound care, an NA that has spent time in a District Nursing setting may have developed the skills to provide that care and recognise signs of deterioration sooner.

Have senior management been supportive with implementing the role? If so, how?

Management have always been very passionate from the beginning with the TNA pilot, some people were cautious, but the decision was made to just do it. It wasn't perfect, there were lots of challenges. Following the pilot it was recognised that a dedicated resource was required. Hence, my team has been formed to help embed the programme and the NA role across the organisation.

Have there been difficulties implementing the role?

HR is a big challenge with moving so many people around, if you haven't touched the right bases that person may not get paid, get the enhancements or be allocated to the team, it's a real challenge. There have been lots of teething problems and there are still a few issues but we are getting there. The key part to my role is getting the governance around that and refining it and the information around it, which can be a challenge with such a new role. Communication really is key to implementing this change and people really understanding the role.

What supervision/support does the NA require?

We run a focus group for our current trainee's. Our newly qualified NA's are under preceptorship, they are invited to attend focus groups so they can come together to air any issues, concerns or grievances. We are trying to get them to own that meeting and set their own agenda. I am always encouraging the TNA's to be talking about and promoting the role in practice within their teams and express the challenges to us so we can support where possible. I have a team of clinical facilitators who support our TNA's in practice, each TNA has a named key and co-facilitator, there are also supervisors in each practice area. The NA's are given a key clinical facilitator so there's always someone there to support, as a trust we are very invested in ensuring this programme works and is successfully implemented. Their remit is to work alongside the TNA's, day to day contact should it be needed, visit and iron out any problems with placements. We try and see them, beginning, middle and end of the placement and make sure we get their feedback.

What tips would you give to a team that is considering having an NA for the first time?

Speak to other teams that have NA's and TNA's or come and speak to us, the people that are supporting the TNA's from the beginning. We can talk them through step by step, what it is, what the different components of the training are, help with what they can do, what they can't do and scope out in that particular environment where could they sit in that team. I think sometimes when you're doing what you've always done, you can't see where the gaps are. It is daunting for staff, some Nurse's or staff may be concerned about how this role may impact on their own role, especially where there is crossover. I think there's merit in having that conversation openly rather than it being an undercurrent. Asking questions such as; What can the NA's be doing to support your role? What skills can we be gaining from having an NA on our team? Existing NA's can be very helpful in answering questions about this.

Thank you to North East London Foundation Trust, Yinka and Adjoa for participating in the case study. For more information about the NA role visit https://www.healthcareers.nhs.uk/